

BAY-310

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In re Patent Application of
BAYCHAR

Serial No. 08/910,115

Group Art Unit: 3408

Filed: August 13, 1997

Examiner:

For: WATERPROOF/BREATHABLE TECHNICAL APPAREL



Papers Filed Herewith:

Transmittal Letter;
PRELIMINARY AMENDMENT; and
Check No. 5455 in the amount of \$44.00 in payment
of Additional Claims Fee.

Receipt is hereby acknowledged of the papers filed, as
identified in connection with the above-identified patent
application.

COMMISSIONER OF PATENTS AND TRADEMARKS

PATENT
Case Docket No. BAY-310

In RE application of BAYCHAR

Serial No.: 08/910,115

SEP 22 1998

Filed: August 13, 1997

Group Art Unit: 3408

Examiner:

For: WATERPROOF/BREATHABLE TECHNICAL APPAREL

GAU 3408/77
3741Assistant Commissioner for Patents
Washington, D.C. 20231

RECEIVED
 SEP 30 1998
Group 3700

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)	(COL. 2)	(COL. 3)	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total	• 24	Minus •• 20	- 4	
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
x 11	\$ 44
x 41	\$ 0
+ 135	\$ 0
Total	\$ 44

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 22	\$
x 82	\$
+ 270	\$
Total	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 - ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 - *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 02-1540 in the amount of \$ _____.
A duplicate copy of this sheet is attached.
- A check in the amount of \$ 44.00 is attached in payment of:
Additional Claims Fee.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1540. A duplicate copy of this sheet is attached.
- Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR 1.17.
- Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: September 22, 1998